

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American College of Radiology Association PAC

ADDRESS (number and street)

1891 Preston White Drive

☐ Check if different than previously reported. (ACC)

Reston

VA

20191

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00343459

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 01 2014

through

M M M / D D D / Y Y Y Y Y Y
02 28 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard Taxin MD

Signature of Treasurer

Richard Taxin MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 20 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 02 / 01 / 2014 To: M M / D D / Y Y Y Y Y 02 / 28 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		980643.48
(b) Cash on Hand at Beginning of Reporting Period.....	890944.54	
(c) Total Receipts (from Line 19)	54737.56	218437.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	945682.10	1199080.64
7. Total Disbursements (from Line 31)	250802.32	504200.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	694879.78	694879.78
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Radiology Association PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 02 / 01 / 2014

To:

 M M / D D / Y Y Y Y
 02 / 28 / 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

36898.36

176634.27

(ii) Unitemized

17839.20

37802.89

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

54737.56

214437.16

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

54737.56

214437.16

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

4000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

54737.56

218437.16

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

54737.56

218437.16

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	797.44	1916.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	797.44	1916.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	108500.00	130500.00
24. Independent Expenditures (use Schedule E)	141504.88	371784.80
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	250802.32	504200.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	250802.32	504200.86

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	54737.56	214437.16
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	54737.56	214437.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	797.44	1916.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	797.44	1916.06

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Kimberly Elaine Applegate

Mailing Address 640 Morningside Ct

City

Zionsville

State

IN

Zip Code

46077-1901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory Healthcare

Occupation

Diagnostic Radiologist

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2014

Transaction ID : C2650994

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Cyrillo Araujo MD

Mailing Address 2500 N State St

City

Jackson

State

MS

Zip Code

39216-4500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 07 / 2014

Transaction ID : C2645450

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Carl Glen Bailey JR

Mailing Address 710 Bunkers Cove Rd

City

Panama City

State

FL

Zip Code

32401-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

MM / DD / YYYY
02 / 07 / 2014

Transaction ID : C2665896

Amount of Each Receipt this Period

1600.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Robert S Bain

Mailing Address 3931 Indian Springs Rd

City

Panama City

State

FL

Zip Code

32404-5794

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

MM / DD / YYYY
02 / 07 / 2014

Transaction ID : C2665902

Amount of Each Receipt this Period

1600.00

Full Name (Last, First, Middle Initial)

B. Timothy Andrew Bernauer

Mailing Address 13 Pintail Pl

City

Appleton

State

WI

Zip Code

54913-8068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Appleton

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2014

Transaction ID : C2647536

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

C. Emily Dale Billingsley MD

Mailing Address 449 Sudduth Ave

City

Panama City

State

FL

Zip Code

32401-3958

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

MM / DD / YYYY
02 / 07 / 2014

Transaction ID : C2665900

Amount of Each Receipt this Period

1600.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3410.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Albert L Blumberg

Mailing Address Greater Baltimore Medical Ctr
6701 N Charles St

City State Zip Code
Baltimore MD 21204-6881

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Baltimore Medical Ctr

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : C2651682

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Stephen Michael Bravo

Mailing Address 6863 Valhalla Way

City State Zip Code
Windermere FL 34786-5627

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sand Lake Imaging

Occupation

Radiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2014

Transaction ID : C2646661

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jonathan Breslau

Mailing Address 2690 Azalea Rd

City State Zip Code
Sacramento CA 95864-4902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiological Associates of Sacramento

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.68

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 05 / 2014

Transaction ID : C2659285

Amount of Each Receipt this Period

226.68

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1726.68

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 36
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Jason M Browning MD

Mailing Address 1016 Sunset Ln

City

Lynn Haven

State

FL

Zip Code

32444-3455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For: 2014



Primary



General



Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	07	/	2014

Transaction ID : C2665901

Amount of Each Receipt this Period

1600.00

Full Name (Last, First, Middle Initial)

B. Craig M Bruner

Mailing Address 5931 High Dr

City

Mission Hills

State

KS

Zip Code

66208-1202

FEC ID number of contributing
federal political committee.

C

Name of Employer

United Imaging Consultants

Occupation

Diagnostic Radiologist

Receipt For: 2014



Primary



General



Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : C2658579

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David F Butler

Mailing Address St Lukes Hospital

232 S Woods Mill Rd Ste 110 East

City

Chesterfield

State

MO

Zip Code

63017-3485

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiation Oncology Consultants of W. C

Occupation

Radiation Oncologist

Receipt For: 2014



Primary



General



Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2014

Transaction ID : C2658525

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

3100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. William Scott Campbell JR

Mailing Address Bay Radiology Associates, PA
 527 N Palo Alto Ave

City State Zip Code
 Panama City FL 32401-3639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 07 / 2014

Transaction ID : C2665903

Amount of Each Receipt this Period

1400.00

Full Name (Last, First, Middle Initial)

B. Luke Paul Cheung

Mailing Address 36 Plumeria

City State Zip Code
 Irvine CA 92620-1999

FEC ID number of contributing
federal political committee.

C

Name of Employer

Newport Harbor Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 07 / 2014

Transaction ID : C2645196

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. W Shawn Conwell MD

Mailing Address 293 Piney Bluff Rd

City State Zip Code
 Rembert SC 29128-9630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pitts Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : C2651669

Amount of Each Receipt this Period

416.66

SUBTOTAL of Receipts This Page (optional)..... ►

2066.66

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. David Laughlin Coy MD, PhD

Mailing Address 5443 Kirkwood PI N

City
Seattle

State
WA

Zip Code
98103-6241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

Diagnostic Radiologist

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 06 / 2014

Transaction ID : C2642150

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John F De la Vega

Mailing Address 1425 46th Street

City

Sacramento

State

CA

Zip Code

95819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiological Assoc. of Sacramento

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 05 / 2014

Transaction ID : C2659288

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

C. Paul H Ellenbogen

Mailing Address 4240 Prescott Ave Apt 7E

City

Dallas

State

TX

Zip Code

75219-2392

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest Imaging & Interven specialis

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 16 / 2014

Transaction ID : C2647356

Amount of Each Receipt this Period

208.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

666.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Hugo Falcon JR

Mailing Address 412 Herrington Dr NE

City State Zip Code
 Atlanta GA 30342-3822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diagnostic Imaging Specialists

Occupation
Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 24 / 2014

Transaction ID : C2658113

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Peter D Giuliano

Mailing Address 26221 Mt Diablo Rd

City State Zip Code
 Laguna Hill CA 92653-6319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newport Harbor Radiology Associates Me

Occupation
Radiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 07 / 2014

Transaction ID : C2645211

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Edward Douglas Green MD

Mailing Address 106 Windsong Cv

City State Zip Code
 Ridgeland MS 39157-8736

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Mississippi Medical Cent

Occupation
Diagnostic Radiologist

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 01 / 2014

Transaction ID : C2637115

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

710.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Scott J Greenley MD

Mailing Address 18040 Shavers Ln

City State Zip Code
Wayzata MN 55391-2738

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : C2658578

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Daniel T Hankins MD

Mailing Address 165 Saint Ives Dr

City State Zip Code
Madison MS 39110-6907

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Mississippi Medical Cent

Occupation

Diagnostic Radiologist

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 06 / 2014

Transaction ID : C2642140

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Trevor Norris Hooper

Mailing Address 4688 Manor Dr

City State Zip Code
Gainesville GA 30506-7520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 12 / 2014

Transaction ID : C2658580

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Amy Briana Kirby MD

Mailing Address 14708 Hollyhock Dr

City

Oklahoma City

State

OK

Zip Code

73142-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eagle Eye Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2014

Transaction ID : C2637869

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

B. Wendy W Kriegel MD

Mailing Address 528 S Bonita Ave

City

Panama City

State

FL

Zip Code

32401-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

MM / DD / YYYY
02 / 07 / 2014

Transaction ID : C2665899

Amount of Each Receipt this Period

1600.00

Full Name (Last, First, Middle Initial)

C. Deborah Levine

Mailing Address Beth Israel-Deaconess Med Ctr
330 Brookline Ave

City

Boston

State

MA

Zip Code

02215-5400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beth Israel-Deaconess Med Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2014

Transaction ID : C2650498

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2810.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Lloyd George Logue

Mailing Address 2233 W 33rd St

City

Panama City

State

FL

Zip Code

32405-1915

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bay Radiology Associates, P.A.

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 07 / 2014

Transaction ID : C2665898

Amount of Each Receipt this Period

1600.00

Full Name (Last, First, Middle Initial)

B. Christina G Marks MD

Mailing Address 115 Green Glades

City

Ridgeland

State

MS

Zip Code

39157-8661

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMC

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 07 / 2014

Transaction ID : C2645192

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James Lynn McAnally MD

Mailing Address 842 E Main St

City

Medford

State

OR

Zip Code

97504-7134

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Medford Radiological Group PC

Occupation

Diagnostic Radiologist

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 04 / 2014

Transaction ID : C2640676

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Timothy Moore

Mailing Address Univ of Nebraska Medical Ctr
981045 Nebraska Medical Ctr

City Omaha State NE Zip Code 68198-1045

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Nebraska Medical Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 26 / 2014

Transaction ID : C2650500

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William A Murphy JR

Mailing Address UT MD Anderson Cancer Ctr
1515 Holcombe Blvd Unit 1475

City Houston State TX Zip Code 77030-4009

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Texas

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 12 / 2014

Transaction ID : C2658582

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Binh Van Nguyen

Mailing Address 15521 Orchid Ave

City Tustin State CA Zip Code 92782-1933

FEC ID number of contributing
federal political committee.

C

Name of Employer

Newport Harbor Radiology Associates

Occupation

Radiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 07 / 2014

Transaction ID : C2645218

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Akash M Patel MD

Mailing Address 728 Waters Dr

City

Madison

State

MS

Zip Code

39110-6334

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Mississippi medical cent

Occupation

Diagnostic Radiologist

Receipt For: 2014

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2014

Transaction ID : C2649676

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gregory A Presser

Mailing Address 706 Bunkers Cove Rd

City

Panama City

State

FL

Zip Code

32401-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bay Radiology Associates, P.A.

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	07	/	2014

Transaction ID : C2665895

Amount of Each Receipt this Period

1600.00

Full Name (Last, First, Middle Initial)

C. Scott L RameyMailing Address Bay Radiology Assoc PA
PO Box 1770

City

Panama City

State

FL

Zip Code

32402-1770

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bay Radiology Associates, P.A.

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	07	/	2014

Transaction ID : C2665897

Amount of Each Receipt this Period

1600.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 18 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Andrew L Rivard MD

Mailing Address 2500 N State St

City

Jackson

State

MS

Zip Code

39216-4500

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 12 / 2014

Transaction ID : C2658585

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ali R Sepahdari MD

Mailing Address 11826 Dorothy St Apt 301

City

Los Angeles

State

CA

Zip Code

90049-5384

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCLA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 11 / 2014

Transaction ID : C2645732

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Ali R Sepahdari MD

Mailing Address 11826 Dorothy St Apt 301

City

Los Angeles

State

CA

Zip Code

90049-5384

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCLA

Occupation

Diagnostic Radiologist

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 28 / 2014

Transaction ID : C2651607

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Jason K Skyles MD

Mailing Address 481 Pine Bend Dr

City State Zip Code
Chesterfield MO 63005-4937

FEC ID number of contributing
federal political committee.

C

Name of Employer
West County Radiological Group Inc.

Occupation
Diagnostic Radiologist

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 24 / 2014

Transaction ID : C2649912

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kevin L Smith

Mailing Address Regional Diagnostic Radiology
1990 Connecticut Ave S Ste 100

City State Zip Code
Sartell MN 56377-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Diagnostic Radiology

Occupation
Diagnostic Radiologist

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2014

Transaction ID : C2649249

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

C. James M Strohmer

Mailing Address 2818 Canal Dr

City State Zip Code
Panama City FL 32405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation
Diagnostic Radiologist

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 07 / 2014

Transaction ID : C2665894

Amount of Each Receipt this Period

1600.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2308.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 20 OF 36
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Gabriela Cleopatra Tarau MD

Mailing Address 10515 N Laurel Valley Dr

City	State	Zip Code
Fresno	CA	93730-3528

FEC ID number of contributing federal political committee.

C

Name of Employer

CMI Radiology

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2014

Transaction ID : C2646662

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. William C Thomeier

Mailing Address 1180 Saint Mellon Dr

City	State	Zip Code
Presto	PA	15142-1010

FEC ID number of contributing federal political committee.

C

Name of Employer

Tycor Imaging Group

Occupation

Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2014

Transaction ID : C2658115

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thuan Tan Tran

Mailing Address 27482 Paseo Arco Clave

City	State	Zip Code
San Juan Capistrano	CA	92675-1896

FEC ID number of contributing federal political committee.

C

Name of Employer

Newport Harbor Radiology Associates

Occupation

Radiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	07	/	2014

Transaction ID : C2645224

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ▶

1500.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. William J Van Dalsem

Mailing Address 29 San Antonio

City State Zip Code
 Newport Beach CA 92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Newport Harbor Radiology Associates

Occupation
 Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 07 / 2014

Transaction ID : C2645225

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Nicolas von dem Bussche

Mailing Address 18662 Via Torino

City State Zip Code
 Irvine CA 92603-3438

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Newport Harbor Radiology Associates

Occupation
 Radiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 07 / 2014

Transaction ID : C2645226

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Cathleen Ann Woomert

Mailing Address 81 Maple Ridge Rd

City State Zip Code
 Millville PA 17846-8933

FEC ID number of contributing
federal political committee.

C

Name of Employer

Geisinger Clinic

Occupation
 Diagnostic Radiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : C2658577

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5500.00

36898.36

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2014

Mailing Address 25 EAST MAIN STREET, SUITE 200

City	State	Zip Code
RICHMOND	VA	23219

Transaction ID : D153885Purpose of Disbursement
Contribution to a Leadership PAC

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Friends of David Jolly

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2014

Mailing Address PO Box 1158

City	State	Zip Code
Indian Rocks Beach	FL	33785

Transaction ID : D153918Purpose of Disbursement
Contribution to a Federal Campaign

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

David Jolly

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: FL District: 13

Full Name (Last, First, Middle Initial)

C. Hope for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2014

Mailing Address PO Box 3060

City	State	Zip Code
Arlington	VA	22203

Transaction ID : D153789Purpose of Disbursement
Contribution to a Federal Campaign

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: VA District: 08

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American College of Radiology Association PAC

A. JOBS, OPPORTUNITIES AND EDUCATION PAC (JOE-PAC)

5000.00

B. Kelly PAC

MM / DD / YYYY

1500.00

C. LEAD YOUR NATION NOW PAC (LYNN PAC)

2500.00

9000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. LONE STAR LEADERSHIP PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

Mailing Address 7315 WISCONSIN AVENUE
SUITE 310 EAST

City BETHESDA State MD Zip Code 20814

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Category/
Type**Transaction ID : D153915**

Amount of Each Disbursement this Period

3000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Mailing Address 425 2nd Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution to a Party Committee

Candidate Name

Category/
Type**Transaction ID : D153774**

Amount of Each Disbursement this Period

15000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. SCHOCK FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2014

Mailing Address PO BOX 10555

City PEORIA State IL Zip Code 61612

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Aaron SchockCategory/
Type**Transaction ID : D153779**

Amount of Each Disbursement this Period

1000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 18

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

19000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. ANDY HARRIS FOR CONGRESS

Mailing Address PO BOX 604

City	State	Zip Code
BEL AIR	MD	21014

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Andy Harris

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

Transaction ID : D153908

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. DIANE BLACK FOR CONGRESS

Mailing Address PO BOX 1437

City	State	Zip Code
GALLATIN	TN	37066

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Diane Black

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

Transaction ID : D153911

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BLUMENAUER FOR CONGRESS

Mailing Address 830 NE HOLLADAY, #105

City	State	Zip Code
PORTLAND	OR	97232

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Earl Blumenauer

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2014

Transaction ID : D153778

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. CANTOR FOR CONGRESS

Mailing Address PO BOX 17813

City	State	Zip Code
RICHMOND	VA	23226

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Eric Cantor

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	18	/	2014

Transaction ID : D153886

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. UPTON FOR ALL OF US

Mailing Address P.O. BOX 490

City	State	Zip Code
ST. JOSEPH	MI	49085

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Fred Upton

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	18	/	2014

Transaction ID : D153884

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. BUTTERFIELD FOR CONGRESS

Mailing Address PO BOX 2571

City	State	Zip Code
WILSON	NC	27894

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. G.K. Butterfield

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	21	/	2014

Transaction ID : D153910

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

9000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. BRADY FOR CONGRESS

Mailing Address PO BOX 8277

City	State	Zip Code
THE WOODLANDS	TX	77387

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Kevin Brady

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	18	/	2014

Transaction ID : D153883

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. BUCSHON FOR CONGRESS

Mailing Address PO BOX 250

City	State	Zip Code
NEWBURGH	IN	47629

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Larry Bucshon

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	03	/	2014

Transaction ID : D153786

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address 410 1ST ST SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Linda T. Sanchez

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 38

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	21	/	2014

Transaction ID : D153912

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MICHELLE

Mailing Address P.O. BOX 25422

City	State	Zip Code
ALBUQUERQUE	NM	87125

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Michelle Lujan GrishamOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2014

Transaction ID : D153780

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City	State	Zip Code
CONCORD	NC	28027

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Richard HudsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

Transaction ID : D153914

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. RODNEY FOR CONGRESS

Mailing Address PO BOX 344

City	State	Zip Code
TAYLORVILLE	IL	62568

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Rodney DavisOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2014

Transaction ID : D153788

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. LEVIN FOR CONGRESS

Mailing Address PO BOX 37

City
ROSEVILLEState
MIZip Code
48066Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Sander M. Levin

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2014

Transaction ID : D153785

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. BECERRA FOR CONGRESS

Mailing Address P.O. BOX 71584

City
LOS ANGELESState
CAZip Code
90071Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Xavier Becerra

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2014

Transaction ID : D153777

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. TEXANS FOR SENATOR JOHN CORNYN INC

Mailing Address PO BOX 13026

City
AUSTINState
TXZip Code
78711Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Sen. John Cornyn

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

Transaction ID : D153916

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9000.00

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 34 OF 36
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American College of Radiology Association PAC		FEC IDENTIFICATION NUMBER ▼ C C00343459	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Campaign Grid		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 04 / 2014	
Mailing Address 414 Commerce Drive, Suite 100		Amount 65000.00	
City Fort Washington	State PA	Zip Code 19034	Transaction ID : D153604
Purpose of Expenditure Internet Ad		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 03 / 2014
Name of Federal Candidate Sen. Mitch McConnell		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		93851.92	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Majority Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 04 / 2014	
Mailing Address 135 Professional Drive, Suite 104		Amount 14425.96	
City Ponte Vedra Beach	State FL	Zip Code 32082	Transaction ID : D153606
Purpose of Expenditure Printed advertising for mailing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 03 / 2014
Name of Federal Candidate Sen. Mitch McConnell		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		93851.92	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		79425.96	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Richard Taxin MD		[Electronically Filed]	
Signature		Date MM / DD / YYYY 03 / 20 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 35 OF 36
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American College of Radiology Association PAC		FEC IDENTIFICATION NUMBER ▼ C C00343459	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Majority Strategies		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 10 / 2014	
Mailing Address 135 Professional Drive, Suite 104		Amount 23826.48	
City Ponte Vedra Beach	State FL	Zip Code 32082	Transaction ID : D153730
Purpose of Expenditure Printed advertising for mailing	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 11 / 2014	
Name of Federal Candidate Rep. Pete Sessions		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Majority Strategies		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 18 / 2014	
Mailing Address 135 Professional Drive, Suite 104		Amount 23826.48	
City Ponte Vedra Beach	State FL	Zip Code 32082	Transaction ID : D153834
Purpose of Expenditure Printed advertising for mailing	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 18 / 2014	
Name of Federal Candidate Rep. Pete Sessions		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		47652.96	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Richard Taxin MD		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 03 / 20 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 36 OF 36
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American College of Radiology Association PAC			FEC IDENTIFICATION NUMBER ▼ C C00343459		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee Majority Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 25 / 2014			
Mailing Address 135 Professional Drive, Suite 104		Amount 14425.96			
City Ponte Vedra Beach	State FL	Zip Code 32082	Transaction ID : D153979		
Purpose of Expenditure Printed advertising for mailing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 25 / 2014		
Name of Federal Candidate Sen. Mitch McConnell		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought		93851.92	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY			
Mailing Address		Amount			
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....		14425.96			
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....		141504.88			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Richard Taxin MD		[Electronically Filed]		Date MM / DD / YYYY 03 / 20 / 2014	
Signature					